## First National Bank Alaska

Escrow Department PO Box 100720 Anchorage, AK 99510-0720 Phone 1-800-856-4362 or (907)-777-3430

## **Debit Authorization**

The undersigned payer(s) herby authorize(s) and direct(s) First National Bank Alaska (FNBA) to initiate debit entries to the deposit account of the undersigned payer(s) identified below, and authorize(s) and directs the financial institution maintaining the deposit account to permit withdrawal of available credit in accordance with debit entries initiated by FNBA pursuant to this DEBIT AUTHORIZATION. Attached is a voided check/photocopy of a check (if applicable) to assist you in identifying the deposit account to which debit entries are to be made.

	s Debit Authorization will not be processed if the account is delinquent, or it is received within 10 business days of the next installment due date.
**/	tomatic Debit begins: **
	ant Information:   Checking account   Savings account Account number:
If or	er than FNBA:
	nancial Institution Routing Number:
	ldress of Financial Institution:
If the	eposit account specified about is not an ordinary account, the timing and frequency of withdrawal may be limited according to the depos ent.
App	credit received to satisfy payment(s) due in connection with:
FNE	Escrow/Collection account #
each If at a initia  The  1.  2.	a debit entry to the above deposit account to effect payment according to the escrow instructions of the parties on the day and in the amount of stallment payment (regular or irregular) maturing after your acceptance of these instructions, except the final payment. It is time, according to the instructions, the payer(s) is obliged to pay any portion of FNBA's annual fee, increase the amount of the next debit entry in the amount of the fee due from payer(s) and apply additional credit received to payment of the fee.  Indersigned further agree(s) with FNBA as follows:  Indersigned further agree(s) with ENBA as follows:  Indersigned furt
	the financial institution maintaining the deposit account. FNBA is not obliged to furnish notice of its termination of this service for any of ose reasons, and the undersigned will satisfy the resulting unpaid installment(s) by some other means.
4. Th	undersigned received a complete copy of this debit authorization.
<b>X</b>	
Pa	: Payer: (Type or print names below signatures)
Dot-	
Date	Phone:
1	od by END A